

Human Behavior Course 2004

Personality Disorders One Introduction & Cluster A Disorders

**Charles C. Engel, Jr., MD, MPH
LTC, MC, USA
Associate Professor of Psychiatry
Uniformed Services University**

HUMAN BEHAVIOR COURSE 2004

PERSONALITY DISORDERS ONE - SLIDES

LEARNING OBJECTIVES AND STUDY QUESTIONS FOR DISCUSSION.

1. Know the meaning of the terms and concepts listed in slide one and slide two below.
2. Compare and contrast a dimensional trait model of personality measurement (such as Eysenk's two factor model or the 'five-factor' NEO model described in the text) and the DSM-IV categorical typology model of personality disorders? What are the advantages of the DSM model? What are the disadvantages? How is personality, as measured using a dimensional trait model, the same or different from a personality disorder assessed using a categorical typology model?
3. Describe how Chess and Thomas's work linked biological (constitutional) factors and environmental (psychosocial) factors in personality development.
4. Describe how Siever and Davis (see table 10-3 in your text) linked dimensional trait models, DSM phenomenology, clinical neuroscience, and psychological functioning to understand both the form and the function of personality disorders.
5. Review Vaillant's hierarchy of defenses (introduced in earlier lectures from Dr. Gemelli and Dr. Privitera). List the mature, neurotic, and immature defenses, and quickly review the definitions of the individual defenses.
6. What are the cluster A personality disorders? What are the similarities across disorders within this cluster of disorders?
7. Which of the cluster A disorders are 'very common' (point prevalence > 5%), 'common' (1-5%) or 'uncommon' (<1%) in the general population.
8. Know whether each cluster A personality disorder is more common in men, more common in women, or occurs in a similar proportion of men and women.
9. What are the diagnostic features of paranoid personality disorder? Describe its pathogenesis from the perspective of both form and function.
10. What are the diagnostic features of schizotypal personality disorder? Describe its pathogenesis from the perspective of both form and function.
11. What are the diagnostic features of schizoid personality disorder? Describe its pathogenesis from the perspective of both form and function.
12. What types of medications, if any, are useful for cluster A personality disorders?
13. What types of psychosocial treatments are useful for cluster A personality disorders?

Personality Disorders One – Terms & Concepts

- ★ categorical diagnostic approach
- ★ dimensional diagnostic approach
- ★ disjunctive diagnostic criteria
- ★ personality
- ★ traits
- ★ factor analysis
- ★ Eysenck two-factor model
- ★ Eysenck Personality Inventory
- ★ neuroticism
- ★ introversion
- ★ extroversion
- ★ Five-factor model
- ★ openness
- ★ agreeableness
- ★ conscientiousness
- ★ personality disorder
- ★ cluster A (odd or eccentric)
- ★ paranoid personality disorder
- ★ schizoid personality disorder
- ★ schizotypal personality disorder
- ★ cluster B (dramatic, emotional, or erratic)
- ★ antisocial personality disorder
- ★ borderline personality disorder
- ★ histrionic personality disorder
- ★ narcissistic personality disorder
- ★ cluster C (anxious or fearful)
- ★ avoidant personality disorder
- ★ dependent personality disorder
- ★ obsessive-compulsive personality disorder
- ★ temperament
- ★ behavioral inhibition



Uniformed Services University

Personality Disorders One – Terms & Concepts 2

- ★ easy child
- ★ difficult child
- ★ slow to warm child
- ★ behavioral inhibition
- ★ adult expectations & demands
- ★ see table 10-3
- ★ externalization & projection
- ★ autistic or schizoid fantasy



Uniformed Services University

DSM-IV Axes

- Axis I Clinical Disorders
Other Conditions that may be a Focus of
Clinical Attention
- Axis II Personality Disorders
Mental Retardation
- Axis III General Medical Conditions
- Axis IV Psychosocial and Environmental
Problems
- Axis V Global Assessment of Functioning



Uniformed Services University

Why Understanding Personality Disorders is Important

- ★ PDs cause sig't problems for those who have them
- ★ PDs cause problems for others & are expensive for society
- ★ PDs have treatment implications:
 - Often need to be focus of treatment, themselves
 - Their presence affects Axis I disorders' treatment response & prognosis
- ★ All physicians will encounter pts with them



Uniformed Services University

What is "Personality"?

A characteristic manner of thinking, feeling, behaving, & relating to others.



Uniformed Services University

Temperament

- ★ Heritable
- ★ Fully manifest in infancy
- ★ Stable throughout life



Character

- ★ Individual differences in voluntary goals & values
- ★ Based on insight, learning, and intuitions & concepts of ourselves and others



Personality Traits

- ★ Enduring patterns of perceiving, relating to, and thinking about the environment and oneself that are exhibited in a wide range of social and personal contexts.
- ★ Only when personality traits are inflexible and maladaptive and cause significant functional impairment or subjective distress do they constitute personality disorders.



Uniformed Services University

What is a Personality Disorder?

'An enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment.'



Uniformed Services University

Personality Disorders Key Points

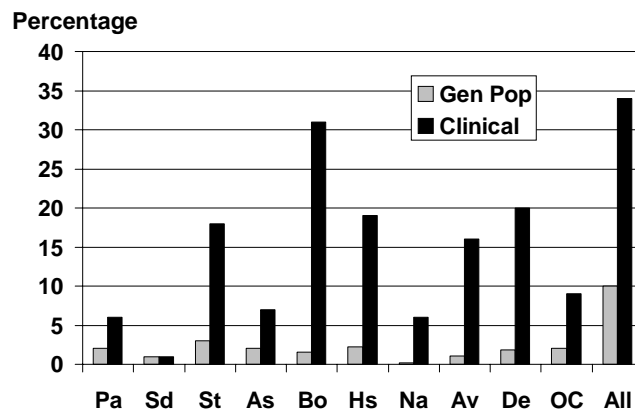
◆ Over-represented in clinical practice

» Narcissistic	PR \approx 30
» Borderline	PR \approx 20
» Avoidant	PR \approx 15
» Dependent	PR \approx 10

◆ High comorbidity

» especially in clinical practice	PR \approx 3.4
» axis I disorders too	

Descriptive Epidemiology Personality Disorders



The Assessment

- ★ Requires evaluation of long-term patterns of functioning
- ★ Particular personality features must be evident by early adulthood
- ★ Rule out 'traits' emerging due to stressors or transient mental states



Uniformed Services University

The Assessment 2

- ★ Assess stability over time and situations
- ★ Often necessary to do several interviews spaced over time
- ★ May not be considered problematic by the individual (ego-syntonic)
- ★ Consider supplementary information



Uniformed Services University

Age Considerations

- ★ If under age 18 years, features must be present at least 1 year
- ★ Exception: antisocial personality disorder (cannot be diagnosed in individuals under age 18 years)
- ★ May not come to clinical attention until relatively late in life
- ★ Personality change after middle adulthood warrants thorough evaluation



Classification Approaches

Categorical: (DSM-IV)

- ★ PD's as distinct categories that are qualitatively different
- ★ Clearly demarcated from normal personality traits & from one another
- ★ Better reflects how clinicians think: a person either has a disorder or doesn't



Classification Approaches

Dimensional:

- ★ PD's exist along dimensions that reflect extreme variants of normal personality
- ★ Can use many personality descriptors
- ★ Can assess the degree to which a trait is present
- ★ Can more richly and comprehensively consider problematic traits



Uniformed Services University

General Diagnostic Criteria

- ★ Pattern of inner experience and behavior that deviate from the expectations of the individual's culture
- ★ Pattern is manifested in at least 2 of the following areas:
 - Affectivity
 - Interpersonal functioning
 - Impulse control
 - Cognitions



Uniformed Services University

General Diagnostic Criteria

- ★ Inflexible & pervasive
- ★ Leads to clinically significant distress or impairment in areas of functioning
- ★ Stable and of long duration
- ★ Not accounted for as a manifestation of another mental disorder
- ★ Not due to the effects of a substance or medical condition



Uniformed Services University

Cluster A: Odd or Eccentric

- ★ **Paranoid personality disorder** is a pattern of distrust and suspiciousness such that others' motives are interpreted as malevolent.
- ★ **Schizoid personality disorder** is a pattern of detachment from social relationships and a restricted range of emotional expression.
- ★ **Schizotypal personality disorder** is a pattern of acute discomfort in close relationships, cognitive or perceptual distortions, and eccentricities of behavior.



Uniformed Services University

Cluster A: Odd or Eccentric

- ★ Features:
 - Social deficits
 - Lack of relations
- ★ Treatment:
 - Structure
 - Support
 - Meds
- ★ Course/Prognosis:
 - Stable/Poor



Paranoid Personality Disorder

- ★ Pervasive distrust and suspiciousness of others
- ★ Suspects that others are exploiting, harming, or deceiving them without sufficient basis
- ★ Preoccupied with unjustified doubts about the loyalty of friends and associates
- ★ Reluctant to confide in others due to an unwarranted fear that the information will be used against them



Paranoid Personality Disorder

- ★ Reads hidden meanings into benign remarks
- ★ Persistently bears grudges
- ★ Perceives attacks on his or her character or reputation that are not apparent to others and is quick to react angrily or to counterattack
- ★ Has recurrent suspicions, without justification, regarding fidelity of significant other



Uniformed Services University

Paranoid PD Mnemonic

HEAD FUG*

H-idden meaning read into others' remarks
E-xploitation is expected from others
A-ttacks on his or her character is perceived
D-oubts the loyalty of others

F-idelity of partner is doubted
U-njustified suspicions about others
G-rudges are held



Uniformed Services University

* From DSM-IV Personality Disorders
Explained. Robinson D. 2000

Paranoid PD Epidemiology

★ Prevalence:

- General population: 0.5%-2.5%
- Inpatient Psychiatry Settings: 10%-30%
- Outpatient Psychiatry Clinics: 2%-10%

★ Gender:

- More common in men



Uniformed Services University

Paranoid PD Etiology

★ Genetic contribution:

- Mixed results in studies looking at rel'n of PPD to schizophrenia

★ Possible psychosocial contributions:

- Parental modeling
- History of exploitation or abandonment
- Projection of anger & resentment onto an external group



Uniformed Services University

Paranoid PD Differential

- ★ Delusional Disorder, Persecutory Type
- ★ Schizophrenia, Paranoid Type
- ★ Mood Disorder with Psychotic Features
- ★ Sx. assoc. with dev't of handicap
- ★ Schizoid Personality Disorder
- ★ Schizotypal Personality Disorder



Uniformed Services University

Paranoid PD in Med/Surg Settings

- ★ Patient's experience of illness:
 - Distrust & suspiciousness of others' motives
 - Fear of being harmed
- ★ Problem behaviors:
 - Misinterpretation of innocuous/helpful behaviors
 - Arguments & conflict with staff



Uniformed Services University

Feder & Robbins, in Behavioral Medicine
in Primary Care: A Practice Guide.
Feldman & Christensen (eds.) 1998

Paranoid PD in Med/Surg Settings

Common problematic HCP reactions:

- ★ Defensive, angry, or argumentative response that “confirms” pt.’s suspicions
- ★ Ignoring the pt.’s suspiciousness or angry stance



Uniformed Services University

Feder & Robbins, in Behavioral Medicine
in Primary Care: A Practice Guide.
Feldman & Christensen (eds.) 1998

Paranoid PD in Med/Surg Settings

Management Strategies:

- ★ Pay attention & maintain empathy even when pt. irrational
- ★ Provide advanced information and give detail about risks of procedures/treatments
- ★ Inform patient of what to expect from meds, etc.
- ★ Maintain pt.’s independence
- ★ Professional, but not overly friendly, stance



Uniformed Services University

Feder & Robbins, in Behavioral Medicine
in Primary Care: A Practice Guide.
Feldman & Christensen (eds.) 1998

Schizoid Personality Disorder

- ★ Pervasive pattern of detachment from social relationships and a restricted range of expression of emotion
- ★ Neither enjoys nor desires close relationships
- ★ Chooses solitary environments
- ★ Little interest in sexual experiences with others
- ★ Takes pleasure in few, if any, activities



Schizoid Personality Disorder

- ★ Lacks close friends or confidants
- ★ Appears indifferent to praise or criticism
- ★ Shows emotional coldness, detachment, or flattened affectivity



Schizoid PD Mnemonic

SIR SAFE*

S-olitary lifestyle

I-ndifferent to praise or criticism

R-elationships of little to no interest

S-exual experiences not of interest

A-ctivities preferred are solitary

F-riendships are few

E-motionally cold & detached



Uniformed Services University

* From DSM-IV Personality Disorders Explained. Robinson D. 2000

Schizoid PD

★ Epidemiology:

- Uncommon in clinical settings

★ Etiology:

- Heritability for personality dimension of introversion/extraversion
- Psychosocial models: sustained history of isolation with parental modeling of detachment



Uniformed Services University

Schizoid PD Differential

- ★ Delusional Disorder, Persecutory Type
- ★ Schizophrenia, Paranoid Type
- ★ Mood Disorder with Psychotic Features
- ★ Autistic Disorder
- ★ Asperger's Disorder
- ★ Sx. associated with dev't of handicap
- ★ Schizotypal Personality Disorder
- ★ Paranoid Personality Disorder



Uniformed Services University

Schizoid PD in Med/Surg Settings

- ★ Patient's experience of illness:
 - Threat to personal integrity
 - Increased anxiety due to forced interactions
- ★ Problem behaviors:
 - May delay seeking care to avoid interactions
 - May appear detached & unappreciative



Uniformed Services University

Feder & Robbins, in Behavioral Medicine
in Primary Care: A Practice Guide.
Feldman & Christensen (eds.) 1998

Schizoid PD in Med/Surg Settings

Common problematic HCP reactions:

- Overzealous attempts to connect with pt.
- Frustration at feeling unappreciated



Uniformed Services University

Feder & Robbins, in Behavioral Medicine
in Primary Care: A Practice Guide.
Feldman & Christensen (eds.) 1998

Schizoid PD in Med/Surg Settings

★ Management Strategies:

- Low-key approach/appreciate need for privacy
- Focus on technical elements of treatments
- Encourage pt. to maintain daily routines
- Do not become overly involved
- Do not push to provide social supports



Uniformed Services University

Feder & Robbins, in Behavioral Medicine
in Primary Care: A Practice Guide.
Feldman & Christensen (eds.) 1998

Schizotypal Personality Disorder

- ★ Social and interpersonal deficits marked by acute discomfort with, and reduced capacity for, close relationships as well as by cognitive or perceptual distortions and eccentricities of behavior
- ★ Ideas of reference
- ★ Odd beliefs or magical thinking
- ★ Unusual perceptual experiences
- ★ Odd thinking and speech



Uniformed Services University

Schizotypal Personality Disorder

- ★ Suspiciousness or paranoid ideation
- ★ Inappropriate or constricted affect
- ★ Behavior or appearance that is odd, eccentric, or peculiar
- ★ Lack of close friends or confidants
- ★ Excessive social anxiety that does not diminish with familiarity and tends to be associated with paranoid fears



Uniformed Services University

Schizotypal PD Mnemonic

UFO AIDER*

U-nusual perceptions

F-riendless

O-dd thinking, speech, & beliefs

A-ffect is constricted or inappropriate

I-deas of reference

D-oubts others – paranoid & suspicious

E-ccentric appearance & behavior

R-eluctant socially



Uniformed Services University

* From DSM-IV Personality Disorders Explained. Robinson D. 2000

Schizotypal PD

★ Epidemiology

- Prevalence in general population: 3%

★ Etiology

- More common in 1st relatives of individuals with schizophrenia
- Modest increase in schizophrenia & other psychotic disorders in relatives of persons with schizotypal pd



Uniformed Services University

Schizotypal PD Differential

- ★ Delusional Disorder, Persecutory Type
- ★ Schizophrenia, Paranoid Type
- ★ Mood Disorder with Psychotic Features
- ★ Autistic Disorder
- ★ Asperger's Disorder
- ★ Communication Disorders
- ★ Schizoid Personality Disorder
- ★ Paranoid Personality Disorder



Uniformed Services University